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THE ARMY HEALTH PROMOTION
PROGRAM

MARKETING MODULE "FIT TO WIN" PROGRAM

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SUMMARY of CHANGE

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MARKETING MODULE "FIT TO WIN" PROGRAM

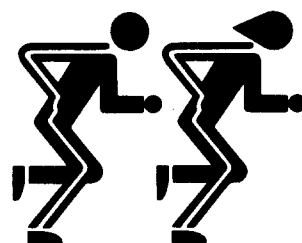
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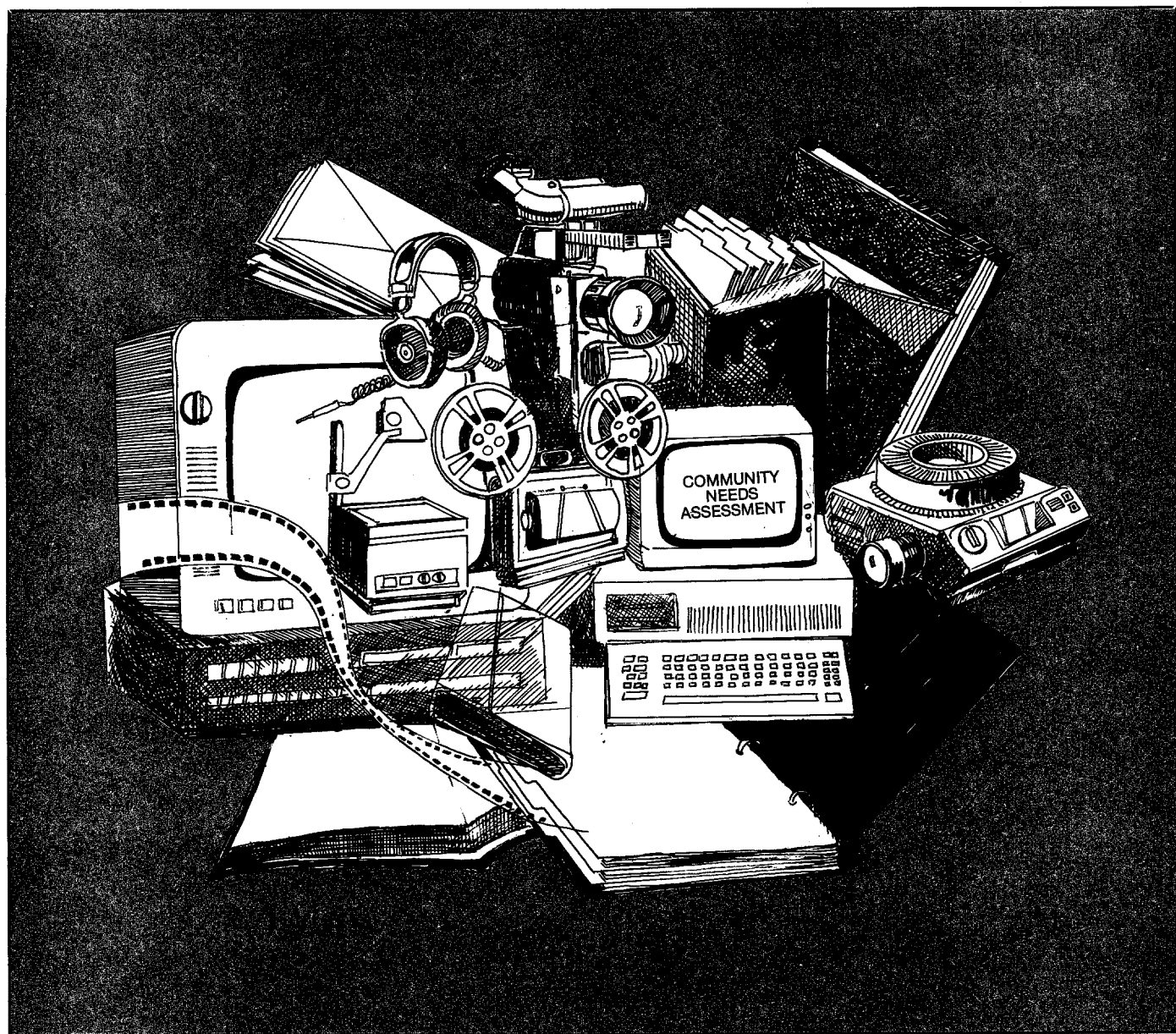
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THE ARMY HEALTH PROMOTION PROGRAM

Fit to Win



MARKETING MODULE



THE ARMY HEALTH PROMOTION PROGRAM

MARKETING MODULE "FIT TO WIN" PROGRAM

By Order of the Secretary of the Army:

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History. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This module offers a framework for determining a marketing process for local Fit to Win Programs. The marketing process includes the following phases: needs assessment; planning; implementation; and evaluation.

Applicability. This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD);

Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

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Chapter 1

Marketing Overview

1–1. Purpose

Marketing Disciplines are now being applied to health and other social issues. It is generally well accepted that marketing can be applied to health behavior change. The systematic, stepped approach that makes marketing so attractive to the commercial sector, is not without problems when applied to health behavior change in military environments. To reduce these problems, this module offers a framework for determining a marketing process for local Fit to Win Programs. The marketing process includes the following phases: needs assessment; planning; implementation; and evaluation.

1–2. Applicability

This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

1–3. Background

Line units, by and large, have active fitness programs centered around physical fitness and weight control programs. Support units, headquarters, and various other combat support elements, which constitute approximately two thirds of the Army Force, are requesting individual health fitness programs. The Army has conducted several research studies designed to assess the cost/benefit of implementing health promotion/screening programs at military worksites. Participants were given health risk assessments, individual health and exercise prescriptions, and targeted health education classes to include physical conditioning, weight control, anti-tobacco use, stress management, and nutrition. The positive results and popularity of these programs as well as encouragement by DOD and Congress have convinced senior Army leader the time has come to implement tailored health fitness programs at the installation level.

1–4. Goals

- a.* Provide marketing guidelines to establish:
 - Predetermined, measurable objectives feasible within resource constraints.
 - Flexibility to tailor the program elements to local installation needs.
 - Quality assurance, medical safety, and accountability.
- b.* Ensure program support of senior leaders at the installation level by:
 - Continuing to provide the environmental reinforcement necessary to affect and sustain positive behavioral changes at the place of duty.
 - Motivating individuals to take personal responsibility for achieving and sustaining their own health and fitness.
- c.* Provide members of the health promotion council with marketing materials necessary to:
 - Reach the total Army family (active duty, Army civilians, spouses, children, retirees, United States Army Reserve, ARNG).
 - Sell all aspects of the Fit to Win Program, (individual assessment; health education/awareness: program maintenance/incentive strategies).
 - Establish continuity/standardization among all program materials.
 - Use accepted marketing appeal techniques to maximize success.

Chapter 2

The Marketing Process: A Framework

2-1. Four Phases of the Marketing Module

a. The marketing module for the Fit to Win Program contains four phases: (1) needs assessment; (2) planning; (3) implementation; and (4) evaluation.

b. A framework for the marketing process necessary to establish a successful Fit to Win Program is illustrated in figure 2-1. The program elements occur simultaneously, and are modified based on periodic needs assessment. Table 2-1 depicts an overview of the Fit to Win Program. The marketing elements occur based on the commander's resources and community needs.

c. The assessment phase of the marketing process is considered so critical to the success of the program that it is supported by extensive assessment checklists found in the annexes. These provide members of the installation health promotion council with the information necessary to facilitate systematic collection of data on which to base programs. Final results provide planners with a profile of local health promotion needs.

d. It is suggested that needs assessment checklists be used by members of the health promotion council in small group planning sessions. These planning sessions should take place after members of the health promotion council have observed the Fit to Win Program overview tape.



Figure 2-1. The Marketing Process.

2-2. Phase One: Assessment

This section describes the major steps required for the health promotion council to collect and analyze the information necessary to develop measurable Fit to Win Program objectives feasible within resource constraints. The needs assessment phase includes sub-sections in the following areas: demographics; attitudes, knowledge, and practices; health risk factor analysis; and identification of local and community programs and resources.

Table 2-1
Suggested Elements for Level 1-2-3 Fit To Win Programs.

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Commander's Guide	Introductory chapter Strategies for program management and resources	Same as Level 1	Same as Level 1
Marketing	Unit briefings Post media Community needs assessment Posters, slides, videotapes incentives: —Personal recognition certificates —Awards Evaluation Strategies	Level 1 plus: Guest speakers Promotional items	Level 2 plus: Public relations campaigns Support groups Intramural competitions
Individual Assessment	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
Physical Conditioning*	Community/unit based programs to include aerobic and strength development classes AR 350-15 Guidance National Fitness Month	Level 1 plus: Individualized prescription based on fitness evaluation	Same as Level 2
Nutrition and Weight Control	Pamphlets/posters brochures Media blitz for dining hall: menus National Nutrition Month AR 600-9 Guidance	Level 1 plus: Group classes Videotapes Slides/Cassette tapes	Level 2 plus: Nutritional Assessment individualized diet plans Computerized nutritional analysis Cooking classes
Antitobacco	Pamphlets/ brochures Media blitz advice for smokers and non-smokers National Smokeout AR 1-8 Guidance	Level 1 plus: Group cessation programs Videotapes Radio/TV spots:	Level 2 plus: Computerized cessation program Support group
Stress Management	Pamphlets/brochures Posters Welcome Packets with resources within the community Sponsorship Program associated with PCSs	Level 1 plus: Group classes Videotapes Radio/TV spot: Commanders session's Unit training Community Skill/Activity Classes	Level 2 plus: Individual treatment programs conducted at Medical Treatment Facility
Hypertension Management	Pamphlets/brochures Unit level Monitoring National High Blood Pressure month (May) Periodic B.P. checks/follow-ups	Level 1 plus: Group classes Videotapes TV, radio spots	level 2 plus: Individual counseling
Substance Abuse Prevention	Pamphlets/brochures Posters Group meetings and classes AR 600-85 Guidance	Level 1 plus: Videotapes	Level 2 plus: individual counseling Support groups

Table 2-1
Suggested Elements for Level 1-2-3 Fit To Win Programs.—Continued

Modules	Level 1 Program	Level 2 Program	Level 3 Program
Spiritual Fitness	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165-20	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
Dental Health	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classification Monitoring	Classes Videotapes Radio/TV spots Skills Classes	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term Follow-Up
Procedures Guide	Pamphlets/Brochures/Posters Command Briefings (at least monthly) Incentive/Sustainment Program	Unit Training Schedules which reflect health promotion education classes in all areas needed	Unit Days for: Health Risk Assessment Family Health Promotion Activities

Notes:

* The exercise elements are the most likely to result in untoward events; therefore, cardiovascular screening must be required for all individuals 40 years of age and older and for anyone with a history of cardiovascular disease. A disclaimer is required.

2-3. Market Segmentation

- Market segmentation techniques distinguish between the different segments making up the population, chooses one or more of these segments to focus on, and develops market strategies tailored to meet the needs of each target segment. For example, commanders at installations where there is a large young male troop population may wish to market efforts on drug and alcohol abuse prevention, seat belt and helmet use, suicide prevention, and condom use.
- The military population consists of consumers who differ in many respects. Mission orientation, geographic location, health benefits and attitudes, demographics, and lifestyle characteristics, are few. Any of these variables can be used to segment the population.
- There is no single correct way to segment the market. However, this section reviews the most popular methods used to address community needs in health promotion. These include: demographic segmentation; assessing attitudes, knowledge, and practices; and health risk factor analysis. A combination of these methods is recommended. Needs assessments related to specific risk categories are contained within the individual health education modules.

a. Demographic segmentation. In demographic segmentation, the population is divided into different groups on the basis of variables such as age, sex, family size, rank, occupation, education, and race. These variables have long been the most popular bases for distinguishing health education needs. The Army's Over 40 Cardiovascular Screening Program, for example, differentiates health risk categories on the basis of age. Appendix B, demographic segmentation, is a checklist designed to assist the health promotion council in determining the demographic characteristics of local installations. The DPCA, Civilian Personnel Officer (CPO), Military Personnel Officer (MILPO), Deers Management Officer, and others may provide technical assistance in data collection.

b. Knowledge, Attitudes, and Practices.

(1) Health risk reduction programs fall into a class of social causes which aim to induce or help people change some aspects of their behavior for the sake of their well being. Behavior change is harder to achieve than cognitive changes or one-shot action changes. People must unlearn old habits, learn new habits, and then maintain the new pattern of behavior.

(2) Members of the Total Army Family within the same demographic category may exhibit very different attitudes, behaviors, and values. Segmenting the population on the basis of knowledge, attitudes, behaviors/activities, interests, opinions, and barriers to acceptance is important in marketing the program effectively. For example, young men in the military may believe smoking gives them a macho image. All the information on the negative consequences of smoking to a soldier with this attitude may have little or no effect. Commanders who glamorize the non-smoker as a macho man may be more successful in reaching this segment of the market. Appendix C, Knowledge, Attitudes, and Practices, provides sample items used to profile the installation population. As the collection of data is resource intensive, alternative methods can be used such as: structured interviews, meetings, surveys and/or reports generated for command information.

c. Health Risk Factor Analysis.

(1) Under most conditions, installation/community commanders have the resources to implement automated health risk assessment (HRA) programs. Automated assessment programs have the advantage of generating aggregate data from which health risk factors are determined and prioritized for the installation population.

(2) When a comprehensive, automated health risk assessment is not feasible, indirect indications of the health risk factors most prevalent on the installation are determined from command level information sources. Command level information sources refer to the reports commanders are required to generate in the course of their daily business, such as, number of driving while intoxicated arrests, sick call rates, and the incidence of child/spouse abuse. Many of these indicators are directly related to topic areas in health promotion. For example, a decrease in the number of soldiers on the weight control program may be a success indicator in this area. Whereas an increase in suicide attempts indicates a need for greater stress management intervention. Appendix D, Health Risk Factor Analysis, provides a more comprehensive list of such indicators.

2-4. Identification of Fit to Win Program Resources

Another important part of the assessment phase determines which facets of the Fit to Win Program are currently in existence. Additionally, members of the health promotion council need to assess resources needed to implement new programs. An assessment guide, Appendix E, Identification of Fit to Win Program Resources, is provided for this purpose. The checklist is equipped with sections to assess facility, equipment, personnel, and budget requirements.

2-5. Identification of Community Programs and Resources

Resources not available on the installation are often found within the surrounding community. Education materials are free or cost little. Many agencies provide instructors to set-up classes at the installation for nominal fees. Appendix F, Identification of Community Programs and Resources, is designed to provide health promotion council members with this information.

2-6. Phase Two: Planning

a. *Setting Objectives.*

(1) At this point, members of the health promotion council have collected and analyzed enough information about the installation population to begin the process of setting measurable objectives. Marketing objectives must be realistic! In addition, marketing objectives must be prioritized to ensure the most important ones are adequately resourced. Examples of long and short term measurable objectives are:

Long term — to reduce the number of 18–25 year old smokers by 15% in 5 years.

Short term — to reduce the number of 18–25 year old smokers by 3% in one year.

(2) Meeting the objectives stated above requires a data base to indicate current levels of smokers. This data is not always easy to obtain at the installation/community level. Health risk factor data collection sources are mentioned in Appendix D. If all else fails, national prevalence rates from representative populations are often used. Appendix F provides a list of resources for clearing houses and organizations in health promotion.

(3) In addition, marketing objectives must be consistent. Local Fit to Win programs that vary their objectives disrupt the benefit long term education programs provide for program awareness, acceptance, and adherence.

b. *Marketing Strategies.* To develop a marketing strategy, members of the health promotion council must determine, the best approach to take to meet each objective. Strategies are devised for each element in the marketing mix. Marketing mix strategies use the process of developing action plans for each of the essential elements that constitute the marketing effort. This includes product, price, place, promotion, and policy.

(1) *Product.* The product sold is the Fit to Win program. This product offers tangible benefits (e.g., lesson plans on health education classes), services (e.g., health risk assessment, class instruction), perceptions (e.g., control over stressful situations) and recommendations (e.g., daily exercise program, reduction in dietary fat intake).

(2) *Price.* Price refers to both tangible and intangible costs. Tangible costs may include, for example, fees for class registration or T-shirt purchase. Intangible costs are those involved with the time, commitment, and the stress of making a lifestyle change. Many of the habits an individual practices are supported by the friends and family within his reference group. Attending a Fit to Win Program activity, may in itself cause some degree of uncertainty or anxiety. For example, if an individual has been overweight for most of his life, he may fear losing the support or association of his reference group as a normal weight individual.

(3) *Place.* Distinguishing the appropriate marketing channels by which the product reaches the target market is extremely important in establishing a successful Fit to Win program. There are several marketing channels within the military environment.

- — Public Affairs Office
- — Environmental Analysis
- — Installation Information Distribution
- — Command Leadership Support

(a) *Public Affairs/Community (PAO)*. Each post has a public affairs office responsible for disseminating information through appropriate military communication channels. The local public affairs office should be represented on the health promotion council. In addition, the marketing module contains a Fit to Win media packet which contains sample articles on the Fit to Win Program for use locally. When special activities are planned, it is important to provide the local public affairs representative with enough lead time to cover promotional activities adequately. A checklist of common communication vehicles used by the public affairs office is located at Appendix G.

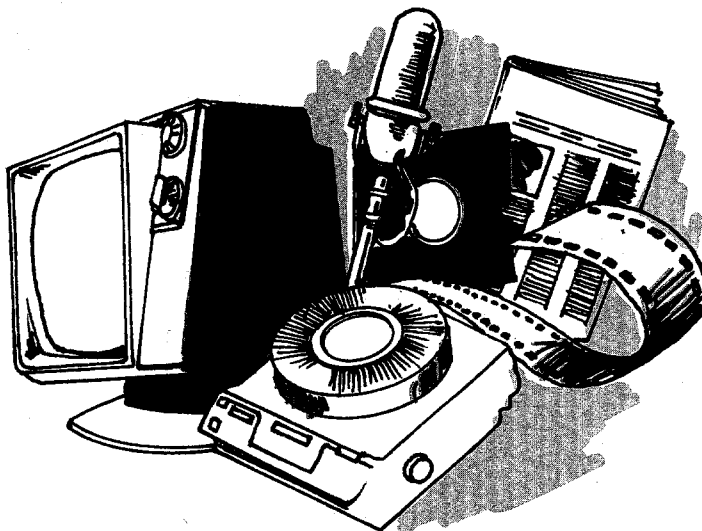


Figure 2-2. Disseminating Information.

(b) *Environmental Analysis*. The place of duty is an ideal setting for health promotion activities. Large groups of soldier and army civilians with their built-in support networks spend a considerable portion of their day at their place of work. Participation in Fit to Win activities at the worksite helps create the peer pressure necessary to foster positive cultural norms. The environmental reinforcement necessary to affect and sustain positive behavioral change includes widespread dissemination of information regarding the Fit to Win program to the installation.

(c) *Installation/Community Information Distribution*.

1. Communication responsibilities go beyond the benefits served by the local public affairs office. Fit to Win messages and activity reminders are carried to the target market by identifying all possible information distribution points and opportunities. They are an important part of a multifaceted marketing program. Fit to Win program messages/pamphlets are distributed to installation personnel at every available opportunity.

2. Recommendations from health care providers have a strong effect on participant attitudes and subsequent behavior. Physicians and other medical personnel provide support for local Fit to Win Programs by increasing opportunities to disseminate information and pamphlets. A checklist of information distribution points/opportunities is located in Appendix G.

(d) *Command Leadership Support*.

1. In order to sell the Fit to Win Program to members of the installation community, commanders and other key leaders need to know how the Fit to Win program positively affects them and the Army missions for which they have responsibility. For example, participation in Fit to Win Programs benefit combat readiness through:

- Reduced Training Time Missed
- Increased Productive Training
- Decreased Health Care Use
- Greater Strength and Stamina
- Increased Esprit de Corps
- Decreased Sick Call
- Enhancement of Army Leadership Goals
- Reinforcement of Army Values

- Support for Army Family Fitness Programs

2. The marketing module contains a command briefing packet. This represents the Headquarters, Department of the Army perspective. Leaders representing the various segments of the total Army Family should be briefed on the Fit to Win program. It is helpful to make a list of opinion leaders in each category (active duty, Army civilians, spouses, children, retirees, USAR, ARNG). These leaders are trained as disciples to brief the Fit to Win program to their respective audiences. As the audience dictates, the briefing packets may need supplementation with slides produced locally.

3. A suggested format for determining opinion leaders is provided at Appendix G-3.

(4) *Promotion.*

(a) Promotion refers to the communication aspects of the marketing program. The marketing module contains many materials designed to assist the health promotion council in promoting the Fit To Win program:

- Posters (7)
- Program Pamphlet
- Media Packet for Local PAO
- Commander's Briefing Guide
- Logo/Slogan Repro Sheets
- Sample Reminder Cards
- Certificates/Awards
- participant Contracts'
- Instructor Evaluation Forms
- Goal/Inventory Booklets

(b) The media packet contains sample articles on the Fit to Win Program. The marketing module contains seven posters which represent in the Fit to Win Program. Each of the posters includes a section where activity scheduling information is provided. Samples of other promotional items such as program pamphlets, the Individual's Fit to Win Handbook, and class reminder card are provided. These materials must be ordered with enough lead time to accomplish program objectives. Ordering information is provided as an enclosure to the Marketing Module.

(c) The Individual's Fit to Win Handbook is designed to accompany the health risk assessment debrief. It can, however, stand alone because it features a self-scoring health risk assesment tool and is supported by numerous information papers on various health education topics. This tool isconvenient for the commander because it is easy to order and distribute, ensures confidentiality, and provides participants with a self-help guide to take home. The information contained therein applies to all members of the total Army family. In addition, the local PAO may wish to support the national schedule of health promotion activities. (Appendix H).



Figure 2-3. Planning and Review Stage.

(5) *Policy.* The Department of the Army has been tasked to support health promotion activities. Appendix A provides a list of regulations and publications related to health promotion. Health promotion council members may wish to develop a resource library of these documents for easy access and reinforcement for actions taken at the local level.

c. Action Plan. When the planning, reviews and approvals are complete, the final step in this stage integrates all components into a single action plan. This plan becomes the blueprint not only for all activity but also provides the parameters used later to make evaluation comparisons. This plan incorporates the analysis of all preceding information collection and includes schedules, milestones in terms of process measures (e.g. level of participation recommended for each of the activity within the program, number of command briefings performed, the number of soldiers receiving the Individual's Fit to Win Handbook, etc.), outcome measures, total budget, and timetable for each element in the plan.

(1) *Pre-Entry Activities.* A Headquarters, Department of the Army, public affairs campaign promoting the Fit to Win program was instituted prior to the program reaching local installations. In addition, MACOM and installation command representatives received training on the program before scheduled implementation in the field. Announcements attached to pay vouchers, poster placement, and articles in local publications are all examples of activities to help promote the program before command briefings are scheduled. Pre-entry activities may also include requesting letters of endorsement from key leaders within the installation for use later in recruiting participants for the program.

(2) *Scheduling Plan and Preparation.* An effective long range scheduling plan for program implementation includes the following considerations: reduction of conflicts, seasonality, and common barriers to attendance.

(3) *Reduction of Conflicts.* Action plans include an analysis of how participants are scheduled to attend program activities. This is important to ensure program activity attendance does not compete with training schedules on post. Additionally, scheduling requirements ensure medical staff and resources are not overly burdened.

(a) *Seasonality.* Another consideration in scheduling is seasonality. Many national campaigns feature specific health education topics the same month each year. The promotion of local activities can benefit by using national mass media campaigns. A national schedule of health promotion activities is located at Appendix H.

(b) *Recommendations To Increase Participation.* Many factors contribute to participation rates for program activities. Keys to increased participation include:

- Minimal distance to activity setting(classroom).
- A comfortable setting.(temperature, quiet, roomy)
- Reduced conflicts with overtime, carpooling, TDY, and leave
- Reduced conflicts of time away from duty due to program participation.
- A reasonable advanced notice for participants.



Figure 2-4. Increasing Participation.

(4) *Identifying Community Opinion Leaders.* Key opinion leaders in each category representing the total Army family have a very positive effect in promoting the Fit to Win program. Action plans include strategies to identify these individuals, scheduling them for program briefings, and instituting a voluntary training program for them to assist in program implementation activities. Volunteers can help to schedule, recruit participants, follow-up phone calls, or post activity flyers. Wives groups, for example, are often, eager to take on health fitness initiatives.

(5) *Incentive Maintenance Plan.* The use of incentives to increase participation and program compliance have become increasingly important to health promotion programs conducted at the place of duty. There are basically three types of incentives: (1) money and other tangible rewards (2) social reinforcers such as praise, competition and recognition, and (3) behavioral reinforcers.

(a) *Money and Tangible Rewards.*

1. These incentives involve the direct reimbursement of participants with cash, prizes, or other tangible items. Military regulations do not encourage the provision of monetary rewards. However, members of the health promotion council may designate, a certain amount of money for prizes such as trophies, medals, cups, T-shirts, etc. Appendix G-4, Incentive and Promotional Vehicles, provides a more complete checklist.

2. Successful examples of incentives are found in the Army's health fitness program at the Pentagon. Participants are rewarded for various levels of class attendance. The incentive awards include class graduation certificates, coffee mugs, cookbooks, T-shirts, and sweat-shirts. The incentive awards program is based on a building block system. Participants must achieve initial incentives in order to be eligible for each additional award. Incentive items are presented at periodic awards ceremonies following the completion of the intervention. Special incentives are presented to participants that complete 75% or more of the health education classes.

(b) *Social Reinforcers.* The excitement of competition, the good feelings following praise for a job well done, and the recognition and support of one's peer group are some of the most powerful incentives available. This philosophy is well recognized in the Army. A common approach is to structure competition in which one unit competes against another to achieve a specific health goal. A risk in using competition is that it may be taken too seriously thus causing more damage than benefit. Weight loss competitions, for example, that spur participants to use diet pills, crash diets, or excessive exercise leading to injury are not desirable. Other social reinforcers include recognition in local publications, inclusion in the commanders cup competition and certificates of appreciation.

(c) *Behavioral Reinforcers.* Self observation, accomplished through written records, is critical to successful behavior change. Written records provide an important means for making a commitment to a goal. Also, they act as a monitoring tool during the behavior change process. As participants assess their progress in reaching the goals they set, they can determine when it is appropriate to reward themselves, and when it is necessary to revise their goals. Thus,

the Goal Inventory Booklet is an important tool that should be emphasized throughout each Fit to Win activity. The Goal Inventory Booklet provides suggested goals and some strategies to meet them. It is not meant to be exhaustive. Participants are encouraged to set goals which correspond to expectations. A sample Goal Inventory Booklet is in the training module.

Another incentive tool is the activity reminder card which can be administered at the unit level or from the medical treatment facility. Refer to the reproduction sheets enclosed under separate cover with this module.

(6) *Installation-Wide Campaigns.* The use of installation-wide campaigns continue to grow more popular. In the area of smoking, for example, the campaign may occur over a four month period. The first two months consist of an intensive educational drive to increase awareness of the negative consequences of smoking, techniques for quitting, and symptoms of withdrawal. The campaign can promote a “D-Day ... Quit-Day” in which all smokers prepare themselves to quit. The two months following the campaign would include techniques for reducing recidivism, such as avoiding undo weight gain, coping with inter-personal conflicts, etc. Campaigns can be supported with a variety of educational materials, a hot-line, or, enrollment space for in Fit to Win antitobacco class.

2-7. Phase Three: Implementation

a. At this point in the marketing process, the program is put into full swing. This requires implementing the action plan completed in the planning phase. Figure 2 depicts the implementation process involved for a comprehensive Fit to Win program. Comprehensive programs using automated health risk appraisals with blood analysis and measurement of vital signs are dependent on the medical resources available.

b. In general, implementation activities include:

- Pre-entry Activities
 - Public Affairs Campaign
 - Announcements in Paychecks
 - Letters of Endorsement
 - Distribution of Selected Marketing Materials
- Command Briefings
- Master Scheduling Plan
- Marketing Materials
- Opinion Leader Briefings
- Voluntary Activities
- Community Orientations
 - Scheduling Plan
 - Program Pamphlet
 - Incentive Plan
- Health Risk Assessment
 - Blood Draw for Cholesterol, etc.
 - Health Risk Appraisal Administration
 - Physical Vital Signs Measurement
- Fitness Assessment (If Determined in Action Plan and Indicated for Individual)
 - Aerobic Capacity Test (Sub Maximal Bicycle Test)
 - Strength Testing
 - Flexibility Testing
- Primary Cardiovascular Screening if in Action Plan and Indicated for Individual).
- Health Risk Appraisal Review Session (Interpretation of Results)
- Health Risk Education/Intervention Classes
- Incentive/Maintenance Plan
- Follow-Up To Re-Assessment of Program Objectives

2-8. Phase Four Evaluation

Evaluation may focus on any of three levels — process, impact, and outcome. In any case, objectives are measurable and obtainable within specific time periods.

a. Process Evaluation. In process evaluation, the object of interest is professional practices and the standards of acceptability established through the development of program objectives. Questions related specifically to the marketing plan may include successful attainment of projected participation rates within each of the program activities. Another example includes the number of command briefings established and completed as criteria for program implementation.

b. Impact Evaluation. Impact evaluation is concerned with the immediate impact of the Fit To Win program or method of practice on behavior, adherence, health, fitness, knowledge, and attitudes. Examples of impact evaluation include how effective the marketing efforts were in creating program awareness or in generating spouse support.

c. Outcome Evaluation. In outcome evaluation the objective of interest usually includes long range effects of program implementation such as mortality, morbidity, and readiness measures. Appendix I provides a more complete checklist. The marketing process is ongoing. The evaluation phase is undertaken in preparation to begin Phase I again.

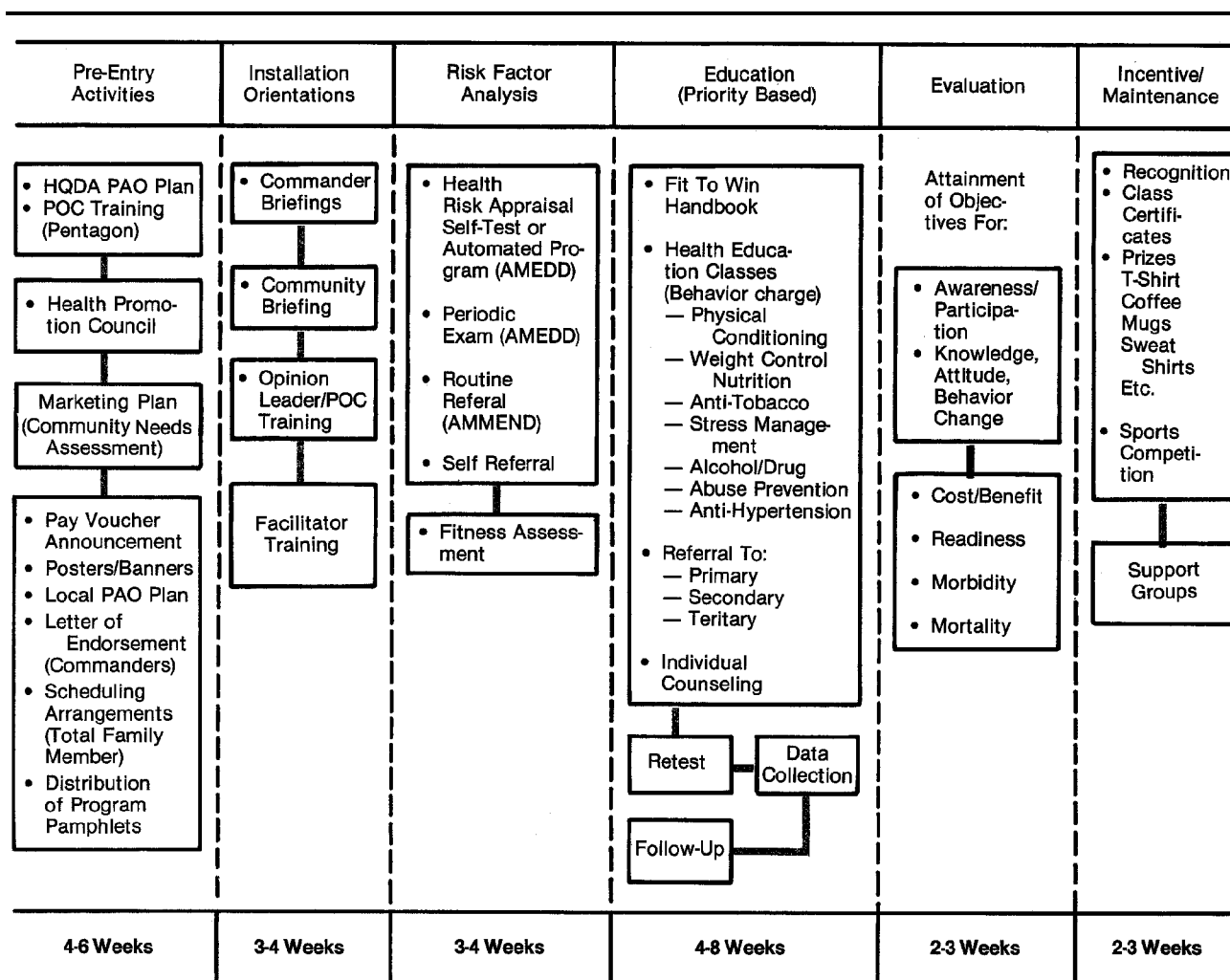


Figure 2-5. The Army's Fit To Win Program (Sample Implementation Plan).

Appendix A

Army Regulations/Publication In Health Promotion

Section I

Required Publications

This section contains no entries.

Section II

Related Publications

FM 26-2

Management of Stress In Army Operations

FM 35-20

Physical Fitness for Women

FM 100-1

The Army

DA Pam 28-6

Intramural Sports for The Army

DA Pam 28-9

Unit Level Recreational Sports

DA Pam 28-10

informal Games for Soldiers

DA Pam 350-15

Commander's Handbook On Physical Fitness

DA Pam 350-18

Individuals Handbook To Physical Fitness

DA Pam 350-21

Family Fitness Handbook

DA Pam 165-14

Moral Leadership/Values: Prevention of Suicide and the Moral Aspects of Safety

DA Pam 165-15

Moral Leadership/Values: Responsibility and Loyalty

TC 22-9-1

Leader Development Program: Military Professionalism (Platoon/Squad instruction)

TC 22-9-2

Leader Development Program: (Company/Battery Instruction)

TC 22-9-3

Leader Development Program: (Battalion Instruction)

HSC 40-27

AMEDD Support of Army Total Fitness Program

TD MED-507

Prevention, Treatment and Control of Heat Injury

FC 10-25

Field Circular: Nutrition

FC 21-450

You and The Army Physical Readiness Test

OSTG

Directory of Health and Fitness Education Resources

DA Poster 30-1

Nutrition Posters

SSC

Training Support Package: Unit Fitness

ARIEM

Physical Fitness with Special Reference to Military Forces

DIA Technical Activity

Commander's Guide to Alcohol, Drug Abuse and Army Families

DIA Technical Activity

Take the First Step — Flyer

ODCSOPS

Physical Training Guide for The Army Staff

APFRI

individual Physical Fitness

Section III**Prescribed Forms**

This section contains no entries.

Section IV**Referenced Forms**

This section contains no entries.

Appendix B

Demographic Segmentation

B-1. Demographic Categories

The DPCA, CPO, SIDPERS, Military Personnel Office (MILPO), housing office, DEERS, etc. may provide technical assistance in determining the demographic profiles of local installations. Below are demographic categories collectable for each member of the total Army family (Active Duty, Army Civilians, ARNG, USAR, Retirees).

B-2. Category List

1. Age and Age Range
2. Race
3. Marital Status
4. Number and age of Children
5. Officer/Enlisted Status
6. MOS/Job Classification Series
7. Number of Single Parents
8. Number of Working Spouses
9. Number of Soldiers/Participants on Shifts
10. Number of Handicapped Individuals
11. Number of Retirees
12. Missions
13. Types of Units
14. Religious preference
15. Sex
16. Percent of people on/off post
17. Education Level
18. Primary/Secondary Language
19. Ethnic Background
20. Percent of Spouses on/off post

Appendix C

Assessing Knowledge, Attitudes and Practices

C-1. Collecting Opinions of Army family members

The knowledge, attitudes, behaviors, activities, interests, and opinions of total Army family members may be collected through alternative methods depending on resource limitations. These methods include structured interviews, meetings, installation surveys, and or reports generated for command information. Information related to health promotion include the following:

C-2. Health Promotion Information List

1. Off Duty Activities of Soldiers/Participants
2. Time Spent for Athletics/Health Education
3. Participation in Health Promotion Activities by Specific Target Audiences
4. Information Sources Used
5. Knowledge Base of Soldiers in Health Promotion Topic Areas
6. Soldier/Family Morale
7. Attitude Toward:
 - PT Test, Weight Control Program, Smoking Policy, HIV, Urinalysis
 - Army's Alcohol and Drug Program
 - Seat Belt Use
 - Fighting
 - Fidelity Morality
 - Spending Money
 - Family Life
 - Sleep
 - Doctors/Dentists
 - Safety
 - Death
 - Army
 - Willingness to Admit Stress
 - Time Spent Away From Work
 - Taking Leave
 - Alcohol/Drugs
 - Professional Army Ethic
 - Parenting
 - Time Spent Away From Family
 - Stress in the Work Environment
8. Participants in Religious/Spiritual Activities

Appendix D

Health Risk Factor Analysis

When automated health risk assessments are not feasible, indirect indications of the health risk factors most prevalent on the installation/community can be determined from command level information sources. Many of these indicators are directly related to topic areas in health promotion as shown below. Increases or decreases in these indicators are easily compared using reports commanders are required to generate in the course of normal business.

Command Level Information	Health Education Topics					
	Physical Conditioning	Weight Control/Nutrition	Anti-Tobacco	Alcohol/Drug Abuse/Prev.	Hypertension Control	Stress Management
1. Soliders on Physical Training Profile						
2. Soldiers on Weight Control Program						
3. DWI Reports						
4. Child/Spouse Abuse Reports						
5. Housing Problems						
6. AWOL Reports						
7. Number of Article 15s/Disciplinary Actions						
8. Number of Traffic Accidents						
9. APFT Results						
10. Number of Spouses Over Weight						
11. Suicide Rates/Attempts						
12. Participant/Soldier Morale						
13. Time Away From Home						
14. Weigh-In Data						
15. Hospital Admissions/Health Clinic Data						
Orthopedic Problems						
Veneral Disease Rate						
Number of Hypertensives						
Sick Call Rates						
16. PT Test Scores						
17. Urine Screens						
18. CCC Referrals						

Figure D-1. Health Risk Factor Analysis

Appendix E

Identification of Fit To Win Program Resources

This guide is designed to assist members of the Health Promotion Council identify resources needed for various levels of the Fit To Win Program. This can easily be compared against programs that are already in existence at the local level.

Table E-1 Identification of Fit To Win Program Resources			
	Level 1	Level 1 Plus Level 2	Level 2 Plus Level 3
Marketing	<ul style="list-style-type: none"> • Command Briefings • Participant/Orientation/Briefings • Posters • Pamphlets • Community Needs Assessment • Post Media 	<ul style="list-style-type: none"> • Guest Speakers • Incentive/Promotion Program (Appendix B) • Awards/Certificates 	<ul style="list-style-type: none"> • PR Campaign • Media Packet • Installation Opinion Leaders • Marketing/Consumer Surveys (Health Beliefs)
Facilities	<ul style="list-style-type: none"> • Class room/auditorium 		
Equipment	<ul style="list-style-type: none"> • AV equipment 		
Personnel	<ul style="list-style-type: none"> • Master Fitness Trainer • Fitness Facilitator • Fit to Win Coordinator 		
Health Risk Appraisal (HRA)	<ul style="list-style-type: none"> • Automated HRA w/Blood Work-up 		
Facilities		<ul style="list-style-type: none"> • MTF Support 	
Equipment		<ul style="list-style-type: none"> • Computer/Printer Support 	
Personnel	<ul style="list-style-type: none"> • MTF Personnel • Division Personnel 	<ul style="list-style-type: none"> • Part Time High Risk Coordinator 	<ul style="list-style-type: none"> • Full Time Screening Coordinator
Fitness Evaluation	<ul style="list-style-type: none"> • APRT Scores (Military) • Body Composition 		
Facilities			
Equipment	<ul style="list-style-type: none"> • Strength/flexibility testing equipment 	<ul style="list-style-type: none"> • eryometers • medical stress testing equipment 	
Personnel	<ul style="list-style-type: none"> • MTF Personnel 		
Health Risk Review	<ul style="list-style-type: none"> • For Fit To Win Handbook 		
Facilities	<ul style="list-style-type: none"> • classroom/auditorium 		
Equipment	<ul style="list-style-type: none"> • AV equipment 		
Personnel	<ul style="list-style-type: none"> • MTF Personnel 		
Health Education Classes			
Physical Conditioning Nutrition/WC Anti-Tobacco Stress Management Hypertension Alcohol and Substance Abuse Prevention Spiritual Fitness Dental Health	<ul style="list-style-type: none"> • Posters handouts (self help) • Media blitz (PAO) • Information papers 	<ul style="list-style-type: none"> • One-time class • Guest speakers • Incentive/promotion program 	<ul style="list-style-type: none"> • Lifestyle change classes (over 4-6 weeks) • Support groups • Installation wide campaigns
Facilities	<ul style="list-style-type: none"> • Existing classroom Building • Chapels/REFs 	<ul style="list-style-type: none"> • Swimming Pool • Lockers/showers 	<ul style="list-style-type: none"> • Complete Health/Fitness Center

Table E-1
Identification of Fit To Win Program Resources—Continued

	Level 1	Level 1 Plus Level 2	Level 2 Plus Level 3
Equipment	<ul style="list-style-type: none"> • Aerobic Equipment in Gym • Weight Scale • AV Equipment 	<ul style="list-style-type: none"> • Weights 	<ul style="list-style-type: none"> • Dynamic Resistant Exercise Machines, Bicycles, etc.
Personnel	<ul style="list-style-type: none"> • PT Instructor • Master Fitness Trainer • Contracted Health Education Specialist 	<ul style="list-style-type: none"> • Full Time Health Educator 	<ul style="list-style-type: none"> • Full Time Program Manager

Notes:

* Due to special nature of this area, care should be taken to encourage individual initiative and participation to increase spiritual fitness.

Appendix F

Identification of Community Program/Resources

F-1. Identification of Community Program/Resources

a. This list of resources provides clearinghouses, organizations, and company health promotion and disease intervention programs. The list is by no means exhaustive, nor does it imply endorsement by the United States Army.

b. Each state health department has a hypertension coordinator who is knowledgeable about blood pressure control activities in that state. Some states also have a workplace hypertension coordinator. To obtain the number of the hypertension coordinator or the workplace hypertension coordinator in your state, write the High Blood Pressure Information Center, 120/80 National Institute of Health, Bethesda, Maryland 20892. Many of the state health departments are also active in health promotion and disease prevention activities, especially reduction of cardiovascular and pulmonary risk factors, cancer prevention and control, drug and alcohol abuse, and accident prevention.

c. Coalitions of business executives have formed throughout the country to promote health, prevent disease and examine ways to contain health care cost in business and industry. The names of these coalitions are available through the National Chamber Foundation, Chamber of Commerce of the USA, listed in The Health Prevention section.



Figure F-1. Identifying Resources.

F-2. Fitness

American Alliance for Health Physical Education, Recreation and Dance (AAPHERD)
1900 Association Dr.
Reston, VA 22091
703-476-3424

American College of Sports Medicine (ACSM)
1440 Monroe St.
Madison, WI 53706
608-262-3632

American Volkssport Association (AVA)
Phoenix Square, Suite 203
1001 Pat Brooker Rd.
University City, TX 78148
512-659-2112

National Recreation and Park Association (NRPA)
3101 Park Center Dr.
Alexandria , VA 22302
703-820-4940

President's Council on Physical Fitness and Sports
450 5th St. NW., Room 7103
Washington, DC 20001
202-272-3430

Women's Sport Foundation (WSF)
195 Moulton St.
San Francisco, CA 94123

415-536-6266
800-227-3988
800-652-1455 in CA
12:00-5:00 p.m., weekdays

Blue Cross/Blue Shield Associations
Communications Division
676 N. St. Clair Street
Chicago, IL 60611

American Association of Fitness
Directors in Business and Industry (AAFFDBI)
400 Sixth Street, Room 3030, S.W.
Washington, DC 20201
202-755-8800

Volkssporting (Non-competitive Bicycling, X-Country Skiing, Swimming, and Walking)

F-3. National Offices for Sports Organizations

a. Basketball.

Amateur Basketball Association of
the United States of America (ABAUSA)
1750 East Boulder St.
Colorado Springs, CO 80909
303-636-7687

b. Bicycling.

Bicycle Touring Group of America
P.O. Drawer 330976
Coconut Grove, FL 33133
305-661-8846

c. Bowling.

American Bowling Congress (ABC)
and Women's International Bowling Congress
(WIBC) 5301 South 76th St.
Greendale, WI 53129
414-421-6400

d. Dancing.

Aerobic Dancing, Inc.
18907 Nordhoff St.
Box 6600
Northridge, CA 91328
213-855-0032

Jazzercise, Inc.
2802 Roosevelt St.
Carlsbad, CA 91328
619-434-2101

e. Hiking/Backpacking.

Forest Service, U.S. Department of Agriculture
Information Office
P.O. Box 2417
Washington, DC 22013
202-447-3957

National Campers and Hikers
Association (NCHA)
7172 Transit Rd.
Buffalo, NY 14221
716-634-5433

Sierra Club
530 Bush St.
San Francisco, CA 94108
415-981-8634

f. Racquetball.

American Amateur Racquetball Association (AARA)
815 North Weber St.
Colorado Springs, CO 80903
303-635-5396

g. Running/Jogging.

American Running and Fitness Association (ARFA)
2420 K St. NW.
Washington, DC 20037
202-965-3430

Road Runners Club of America (RRCA)
1226 Orchard Village
Manchester, MO 63011
314-391-6712

h. Skating.

Ice Skating Institute of America
100 Skokie Blvd.
Wilmette, IL 60091
312-256-5060

Roller Skating Rink Operators Association (RSROA)
P.O. Box 811846
Lincoln, NE 68510
402-489-8811

United States Figure Skating Association
20 First St.
Colorado Springs, CO 80906
303-635-5200

i. Skiing.

American Water Ski Association
P.O. Box 191
Winter Haven, FL 33880
813-324-4341

Ski Touring Council
32 Harmony Rd.
Spring Valley, NY 10976
914-356-9376

United States Ski Association (USSA)
P.O. Box 100
Park City, UT 84060
801-649-6935

j. Soccer.

United States Soccer Federation (USSF)
350 Fifth Ave., Room 4010
New York, NY 10118
212-736-0915

United States Swimming, Inc. (USS)
1750 East Boulder St.
Colorado Springs, CO 80909
303-578-4578

k. Tennis.

United States Tennis Association
Education and Research Center
729 Alexander Rd.
Princeton, NY 08540
609-452-2580

l. Volleyball.

United States Volleyball Association
1750 East Boulder
Colorado Springs, CO 80909
303-632-5551 ext. 3331

m. Walking.

Walking Association
4113 Lee Highway
Arlington, VA 22207
703-527-5374

n. Swimming.

International Amateur Swimming Federation (IASF)
200 Financial Center
Des Moines, IA 50309
515-224-1116

o. Softball.

Amateur Softball Association of American
2801 NE. 50th St.
Oklahoma City, OK 73111

F-4. Fitness Resources for Special Groups (Handicapped)

American Athletic Association for the Deaf
3916 Lantern Dr.
Silver Spring, MD 20902
202-224-8637

Blind Outdoor Leisure Development, Inc. (BOLD)
553 East Main St.
Aspen, CO 81611
303-925-2086

National Handicapped Sports and Recreation Association
Capitol Hill Station
P.O. Box 18664
Denver, CO 80218
303-978-0564

National Wheelchair Athletic Association (NWAA)
2017 Templeton Gap Rd., Suite G
Colorado Springs, CO 80909
303-632-0698

National Wheelchair Basketball Association (NWBA)
110 Seaton Bldg.
University of Kentucky
Lexington, KY 40506
606-257-1623

National American Riding for the Handicapped Association (NARHA)
P.O. Box 100
Ashburn, VA 22011

703-471-1621

Special Olympics
1701 K St. NW., Suite 203
Washington, DC 20006
202-331-1346

United States Association for Blind Athletics
55 West California Ave.
Beach Haven, NJ 08008
609-492-1017

F-5. Nutrition and Weight Control

American Diabetes Association
2 Park Avenue
New York, NY 10016

American Dietetic Association
430 North Michigan Avenue
Chicago, IL 60611

American Heart Association
Contact your local affiliate for information on resources available

American Home Economics Association
1600 20th Street
Washington, DC 20009

American Hospital Association Film Library
840 North Lake Shore Drive
Chicago, IL 60611

American Medical Association Council on Foods and Nutrition
535 North Dearborn Street
Chicago, IL 60611

American Public Health Association
1790 Broadway
New York, NY 10019

Center for Science in the Public Interest
1755 S. Street, NW
Washington, DC 20009

Consumer Information Center
Pueblo, Colorado 81009

Food and Drug Administration Department
of Health and Human Services
5600 Fishers Lane (HFA-266)
Rockville, Maryland 20857

Food and Nutrition Board
National Academy of Science
2101 Constitution Avenue, NW
Washington, DC 20418

National Diabetes Information Clearinghouse
805 15th Street, NW Suite 500
Washington, DC 20005

National High Blood Pressure
Education Program
120/80 National Institute of Health
Bethesda, Maryland 20205

National Nutrition Foundation Clearinghouse
(NNFCH) Society for Nutrition Education
1736 Franklin Street
Oakland, CA 94612

Seventh-Day Adventist Dietetic Association
P.O. Box 75
Loma Linda, CA 92354

Society for Nutrition Education
See National Nutrition Foundation Clearinghouse

Government Printing Office
Superintendent of Documents
Washington, DC 20402

National Dairy Council
6300 N. River Road
Rosemont, IL 60018

National Livestock and Meat Board
444 N. Michigan Avenue 18th Fl.
Chicago, IL 60611

Food and Drug Information Center
3101 Park Center Drive
Alexandria, VA 22302

U.S. Department of Agriculture, Science and Education Administration,
Consumer Nutrition Center Federal Building
6505 Belcrest Road
Hyattsville, Maryland 20782

Consumer Nutrition Center, USDA
6505 Belcrest Road
Hyattsville, MD 20782

Nutrition Foundation
Suite 300
888 Seventh Street, NW
Washington, DC 20006

Roche Labs
Div. of Hoff man-LaRoache
Nutley, NJ 07110

Sunkist Growers, Inc. Consumer Service
P.O. Box 7888
Valley Annex
Van Nuys, CA 91409

Swift & Company
Public Relations Dept.
115 W. Jackson Blvd.
Chicago, IL 60504

Diabetes Education Center
4959 Excelsiot Blvd.
Minneapolis, MN 55416

The Equitable Life Assurance-Sic. of the U.S.
1285 Ave. of the Americas
New York, NY 10019

California Prune Adv. Bd.
World Trade Center
San Francisco, CA 94111

U.S. Department of Agriculture
Contact your local Cooperative

Campbell Soup Company
Food Serv. Products Div.
375 Memorial Avenue
Camden, NJ 08101

Corn Products Co.(Best Foods—A Subsidiary)
international Plaza
Englewood Cliffs, NJ 07632

Ross Labs—Creative Services & Info. Dept.
625 North Cleveland Ave.
Columbus, OH 43218

Merck, Sharp & Dome
Educational Services
West Point, PA 19486

National Academy of Science
National Research Council
Food and Nutrition Board
2101 Constitutional Ave.
Washington, DC 20418

United Fresh Fruit and Vegetable Association
777 14th Street, N.W.
Washington, DC 20005

Upjohn Company
7171 Portage Road
Kalamazoo, MI 49001

Carnation Company Medical Marketing Dept.
5045 Wilshire Blvd.
Los Angeles, CA 90036

Fleishmann's Corn Oil Margarines
100 Donnelley Drive

National Council on the Aging
1828 L Street, NW
Washington, DC 20036

Armour Food Company
Consumer Services Dept.
Greyhound Towers
Phoenix, AZ 85077

Best Foods--Consumer Serv.
Division of CPC International
International Plaza
Englewood Cliffs, NJ 07632

American Institute of Baking--Consumer Serv.
400 East Ontario St.
Chicago, IL 60611

Pacific Vegetable Oil Corp.
Saffola Products Div.
World Trade Center
San Francisco, CA 94111

Pet, Inc. Office of Consumer Affairs
Pet Plaza
400 South Fourth St.
St. Louis, MO 63166

Prudential Insurance Company of America

Prudential Plaza
Chicago, IL 60601

Quaker Oats Company Consumer Services
Merchandise Mart Plaza
Chicago, IL 60654

Ralston Purina Company
Nutrition Service
Checkerboard Square
St. Louis, MO 63102

Blue Cross Association
840 North Lake Shore Drive
Chicago, IL 60611

The National Foundation March of Dimes
Public Education Dept.
P.O. Box 2000
White Plains, NJ 10602

F-6. Smoking Cessation

Office on Smoking and Health
Technical Information Center
5600 Fishers Lane, Room 110
Rockville, MD 20857
301-443-1690

American Lung Association
National Headquarters
1740 Broadway
New York, NY 10019
212-245-10019

American Cancer Society
Public Information Department
National Headquarters
777 Third Avenue
New York, NY 10017
212-371-2900

Action on Smoking and Health (ASH)
2013 H Street, N.W.
Washington, DC 20006
202-659-4310

Institute of Health
Bethesda, MD 20205 301-638-6694

American Health Foundation
320 E. 43rd Street

New York, NY 10017
212-953-1900

Seventh-Day Adventist Church
Five-Day Plan to Stop Smoking
Narcotics Education Division
6840 Eastern Avenue
Washington, DC 20012
202-723-0800

Health Insurance Association of America
1850 K Street, NW
Washington, DC 20006

Schick Laboratories
1901 Avenue of the Stars, Suite 1530
Los Angeles, CA 90067
212-553-9771

SmokEnders
Memorial Parkway
Phillipsburg, NJ 08864
201-454-HELP

F-7. Stress Management

National Clearinghouse for Mental Health Information
Public Inquiries Section
5600 Fishers Lane, Room 15C17
Rockville, MD 20857
301-443-4513

National Mental Health Association
National Headquarters
1800 North Kent Street, 2nd Fl.
Arlington, VA 22209
703-528-6405

American Institute on Stress
124 Park Avenue
Yonkers, NY 10703
914-963-1200

Public Affairs Committee, Inc.
Room 1101
381 Park Ave. South
New York, NY 10016

National Institute of Mental Health
National Clearinghouse for Mental Health Information
Parklawn Building, Room 11A33

5600 Fishers Lane
Rockville, MD
20857

American Association for the
Advancement of Tension Control
P.O. Box 8005
Louisville, KY 40208
502-588-6571

F-8. Health Promotion

National Health Information Clearinghouse
P.O. Box 1133
Washington, DC 20013-1133

703-522-2590
800-336-4797

Center for Health Promotion and Education (CHPE)
Center for Disease Control
Atlanta, GA 30333
(404) 329-3235

American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611
Center for Health Promotion
312-280-6044

American Heart Association National Center
7320 Greenville Avenue
Dallas, TX 75231
(214) 750-5300

YMCA of the USA National Headquarters
101 North Wacker Drive
Chicago, IL

Director of Health Enhancement
Dr. William Zuti
(312) 269-0500

National Heart, Lung, and Blood Institute
National Institute of Health
9000 Rockville Pike
Bethesda, MD 20892
Judie LaRosa, Worksetting Coordinator
Health Education Branch
RM 4A21, Building 31

Consumer Education Resource Network (CERN)
1555 Wilson Blvd., Suite 600
Rosslyn, VA 22209

703-522-4616
(802) 336-0223

Consumer Information Center
Pueblo, CO
202-566-1794

Health Education Center
200 Ross Street
Pittsburgh, PA 15219

Institute for Health Planning
702 North Blackhawk Drive
Madison, WI 53706

American Association of Occupational Health Nurses, Inc.
3500 Piedmont Road, NE
Atlanta, GA 30305

American Occupational Medical Association
2340 Arlington Heights Road
Arlington Heights, IL 60005

Cancer Information Clearinghouse National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A18
9000 Rockville Pike
Bethesda, MD 20892

National Chamber Foundation
Chamber of Commerce of the USA
1015 H Street, NW
Washington, DC 20003

Center for Health Help
Metropolitan Life Ins. Co.
One Madison Avenue
New York, NY 10010

Communications Office
National Health Department Center
Baylor College of Medicine
Houston, TX 77025

Health Film Library
P.O. Box 309
Madison, WI 53701

Center for Health Promotion and Education
Division of Health Education
Centers for Disease Control
Atlanta, GA 33033

National Highway Traffic Safety Administration
U.S. Department of Transportation
400 7th Street, NW
Washington, DC 20590

National Health Screening Council
for Volunteer Organizations
5161 River Road, Building 2
Bethesda, MD 20816

National Center for Health Education
30 East 29th Street
New York, NY 10016

American Red Cross
17th and E Street, NW
Washington, DC 20006

Association for Fitness in Business
800 Phillips Road
Building 337
Webster, NY 14580

F-9. Spritual Fitness

Due to the subjective and personnel nature at this area and it's close identification with religious groups (non-christian and christian alike), no specific denominations and faith groups may be contracted. The bibliography contained in the Spiritual Fitness Module serves as a beginning point for more information.

F-10. Hypertension

National High Blood Pressure
Information Center
120/80 National Institute of Health
Bethesda, MD 20892

301-496-1809
703-558-4880

Smith, Kline & French Lab
Division of Smith-Kline
1500 Spring Garden St.
Philadelphia, PA 19101

CORE Communications in Health, Inc.
919 Third Avenue
New York, NY 10022

G.D. Searle & Company
P.O. Box 5110
Chicago, IL 60680

Abbot Film Service
Scientificom Dist. Center
708 North Dearborn
Chicago, IL 60610

Video Communication, Inc.
Watergate Office Bldg.
Suite 904
2600 Virginia Avenue, NW
Washington, DC 20046

Medfact, Inc.
P.O. Box 458
Massilon, OH 44646

Richard Milner
Milner, Fenwick
3800 Liberty Heights Ave.
Baltimore, MD 21215

Professional Research, Inc.
660 S., Bonnie Brae St.
Los Angeles, CA 90057

Education for Health, Inc.
205 Deerwood Lane
Minneapolis, MN 55427

Citizens for the Treatment of High Blood Pressure, Inc.
1140 Connecticut Avenue, NW
Suite 604
Washington, DC 20036

Lee Creative Communications
P.O. Box 1367
Rochester, NY 14618

High Blood Pressure & Your Kidneys
National Kidney Foundation
116 East 27th Street
New York, NY 10016

Robert J. Brady Co.
Subsidiary Prentice Co.
Bowie, MD 20175

CORE Communications in Health
1290 Avenue of the Americas
New York, NY 10022

Park-Davis & Co.
Detroit, MI 48232

MEDCOM Products
1633 Broadway
New York, NY 10019

Tech-Em, Inc.
625 North Michigan Ave.
Chicago, IL 60611

Single Concept Films
2 Terrian Drive
Rochester, NY 14618

Lawern Productions, Inc.
P.O. Box 1452
Burlingame, CA 94010

F-11. Alcohol and Drug Abuse

National Clearinghouse for Drug Abuse Information
National Institute on Drug Abuse
5600 Fisher Lane, Room 10A43
Rockville, MD 20857

Pyramid West
3746 Diablo Blvd., Suite 200
Lafayette, CA 94549

415-284-5300
800-227-0438

Pyramid East
7101 Wisconsin Ave., Suite 1006
Bethesda, MD 20014
301-654-1194

Al-Anon Family Group Headquarters, Inc.
P.O. Box 182
Madison Square Station
New York, NY 10059-0182

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
301-468-2600

Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York, NY 10163

National Council on Alcoholism, Inc.
733 Third Avenue, Suite 1405
New York, NY 10017

F-12. Cancer

Cancer Information Clearinghouse
National Cancer Institute
Office of Cancer Communications
900 Rockville Pike, Bldg. 31 Room 10A18
Bethesda, MD 20205
301-496-4070

Office of Cancer Communications
National Cancer Institute
Cancer Information Service
Bethesda, MD 20205
301-496-5583

800-638-6694

American Cancer Society
Public Information Department
777 Third Avenue
New York, NY 10017

Cancer Detection: Routine Protosigmoidoscopy
C.B. Fleet Company, Inc.
4615 Murray Place
Lynchburg, VA 24505

American Academy of Family Physicians
1740 West 92 Street
Kansas City, MO 64114

American Lung Association
1740 New York, NY 10017

American Medical Assoc.
535 North Dearborn
Chicago, IL 60610

American Cancer Society
37 South Wabash Avenue
Chicago, IL 60633

American College of
Obstetrics & Gynecology
One East Wacker Drive
Chicago, IL 60601

Cancer, Cerebral SB-008 Disease (Human Body)
Government Printing Office
Superintendent of Documents
Washington, DC 20402

CORE Communications in Health, Inc.
1290 Avenue of the Americas
New York, NY 19022

American Cancer Society
6733 Sepulveda
Los Angeles, CA 90045

F-13. Diabetes

American Diabetes Assoc.
18 East 48th Street
New York, NY 10017

American Dietetic Assoc.
430 North Michigan Avenue
Chicago, IL 60611

What Everyone Should Know About Diabetes
Channing L. Bete
45 Federal Street
Greenfield, MA 01301

Diabetes Education Center
4959 Excelsior Boulevard
Minneapolis, MN 55416

Medfact, Inc.
P.O. Box 428
420 Lake Avenue, N.E.
Massillon, OH 44646

Milner-Fenwick, Inc.
3800 Liberty Heights Ave.
Baltimore, MD 21215

Nutrition Today
101 Ridgeley Avenue
Box 465
Annapolis, MD 21404

Planning Diabetic Diets
National Health Films
Box 13973 Station K
Atlanta, GA 30324

Diabetes Forecast
American Diabetes Assoc.
One West 48th Street
New York, NY 10017

CORE Communications in Health
1209 Avenue of the Americas
New York, NY 10022

Pfizer Labs
267 West 25th Street
New York, NY 10001

Squibb & Sons
P.O. Box 4000
Princeton, NJ 08540

Eli Lilly & Company
307 East McCarthy
P.O. Box 618
Indianapolis, IN 46206

Ames Company
Division of Miles Laboratories, Inc.
1127 Myrtle Street
Elkhart, IN 46514

Guia Para El Diabetico
American Diabetes Assoc.
San Antonio Chapter
South Texas Affiliate, Inc.
Pasadena, TX 77501

Understanding Diabetes
Pfizer, Inc.
235 East 42nd Street
New York, NY 10017

Blindness & Diabetes
American Foundation for the Blind
15 West 16th Street
New York, NY 10010

Tech-Em, Inc.
Dept. 3-C
625 North Michigan Ave.
Chicago, IL 60611

Train-wide

229 North Central
Glendale, CA 91201

National Diabetes Information (Clearinghouse)
Box NDIC
Bethesda, MD 20892
202-842-7630

Robert J. Brady Company
Sub. Prentice Hall, Inc.
Bowie, MD 20715

The Upjohn Company
700 Portage Road
Kalamazoo,

F-14. Arthritis

The Arthritis Foundation
3400 Peachtree Road, NE
Suite 1101
Atlanta, GA 30326

Arthritis Foundation
Southern California Chap
4311 Wilshire Blvd.
Los Angeles, CA 90010

Channing L. Bete Company
45 Federal Street
Greenfield, MA 01301

Arthritis Foundation
100 West Osborn
Suite D
Phoenix, AZ 85013

CORE Communications Health Rheumatology Program
1290 Avenue of the Americas
New York, NY 10019

Kaiser Permanente Health Center
3779 Piedmont Avenue
Oakland, CA 94611

Milner-Fenwick, Inc.
3800 Liberty Heights Ave.
Baltimore, MD 21215

National Institute of Health—New Baron
Bldg. 31, Room 213100
Bethesda, MD 20014

Arthritis Foundation Film Library
Association Films, Inc.
25358 Cypress Avenue
Hayward, CA 94544

Facts You Should Know About Arthritis
Merck, Sharpe & Dohme
Div. of Merck & Company
West Point, PA 19486

Robbins Company, AH
1407 Cummings Drive
Richmond, VA 23220

W.B. Saunders Company
West Washington Square
P.O. Box 416
Philadelphia, PA

General Foods Corporation
Consumer Service Dept.
250 North Street
White Plains, NY 10602

Gerber Products Company
445 State St.
Fremont, MI 49412

Green Giant Co.
Home Services Department
5601 Green Valley Drive
Minneapolis, MN 55437

H.J. Heinz
Consumer Relations
P.O. Box 57
Pittsburg, PA 15230

Kellogg Company
Dept. of Home Econ. Serv.
Battle Creek, MI 49016

Kraft Foods
500 Peshtigo Court
Chicago, IL 60690

Libby, McNeil & Libby
200 South Michigan Ave.
Chicago, IL 60604

Learning Resources Facility
Institute of Rehabilitative Medicine
400 East 34th Street
New York, NY 10016

U.S. Dept. of Health, Education & Welfare
Diabetes & Arthritis Program
Public Health Service
Washington, DC 20201

Appendix G

Checklists

G-1. Checklist of Communication Vehicles Used By Public Affairs Office

1. Group meetings
2. Commander briefing/meetings
3. Newsletters
4. Bulletin boards
5. Posters
6. Health fairs
7. Family days
8. Army Community Support Activities
9. Special in-office mailings
10. Information sent to homes
11. General communications
12. Unit level communications
13. Wives Clubs (officer/enlisted)
14. AAFES
15. Commissary
16. Post newspaper
17. Family support newsletters
18. Chapel bulletins and newsletters
19. Dependent Youth Activities (DYA)

G-2. A Checklist of Information Distribution Points/Opportunities

1. Orientations at PCS transfers
2. Incorporation into drug and alcohol orientation and service programs
3. Parent and family, religious, and youth group meetings
4. Training and education programs for enlisted personnel (including NCOS) and long term training programs for officers.
5. DOD education settings
6. Point of purchase locations (post exchange, commissary, class VI store, garden store)
7. Prenatal classes, family planning clinics, and other appropriate group activities sponsored by medical commands
8. Hospital clinic waiting areas
9. Gymnasiums, recreation centers
10. Housing office
11. Cafeterias, dining facilities, and clubs
12. Libraries
13. Periodic physical and dental examinations
14. Medical training programs/conferences
15. Chapel Literature Racks

G-3. Checklist for Identifying Opinion Leaders

Key opinion leaders representing the total Army family have a very positive effect in promoting the Fit to Win Program. Possible opinion leaders within the Army community are:

a. Active Duty. Commanders

Drill Sergeants
1st Sergeants
DCPA/DPT/Chaplains
Chief of Staff
Garrison Commander/Deputy Installation Commander

b. ARNG, USAR.

Full time manning personnel
Battalion level administrative assistants

c. Department of the Army civilians.

Civilian Personnel Officer
Division Chief

Training Personnel

d. Spouses.

Wives Club (Officer/NCO)
Chapel Groups
Commanders wives
Thrift Shop Volunteers
Army Community Services Volunteers

e. Children/Teens.

Local/DOD dependent schools (DODDS)
Morale, welfare, and recreation facility employees
Dependent Youth Activities Supervisors

G-4. A Checklist of Incentive/Promotional Vehicle

1. Awards
2. Folders
3. Binders
4. Flyers
5. Bumper Stickers or Decals
6. Athletic Clothing
7. Patches
8. Banners at The Theater PX Commissary, Officers, Enlisted Clubs
9. Expendables -- Pencils, Keychains, Pens, Napkins, etc.
10. Health Fairs
11. Point of Purchase Warnings/ Class Announcements, etc.
12. Wrist Bands with Slogans
13. Carbon Monoxide Testing Equipment Smoking Cessation Programs)
14. Stand-Up Displays
15. Table Tents at Mess Halls and Cafeterias, etc.
16. Contests Between Units, etc.
17. Exhibits
18. Demonstrations
19. Installation Monetary Rewards
20. Signs
21. Sweat Bands
22. Hats w/Slogan
23. PAR Course Fitness Trails
24. Daily Log Record Keepers
25. Menu Board Calorie Posting
26. Business Cards
27. Certificates of Completion (Classes)
28. Unit Level Fitness Newsletters/Awards/Recognitions
29. Breathalyzer at Clubs

Appendix H

National Schedule of Health Promotion Activities

Refer to the National Schedule of Health Promotion Activities below

Table H-1

National Schedule of Health Promotion Activities

Month: JANUARY..... Entire Month
March of Dimes Birth Defects Prevention Month

For Information: Contact your local March of Dimes chapter.

Month: JANUARY..... Second Week
National Education Week On Smoking

For Information:
National Interagency Council of Smoking & Health
419 Park Ave. S.
New York, NY 10016

Month: JANUARY..... Entire Month
American Heart Month

For Information: Contact your local chapter of the American Heart Association

Month: FEBRUARY..... Second Week
National Childrens' Dental Health Week

For Information:
Bureau of Dental Health Education
211 E. Chicago Avenue
Chicago, IL 60611

Month: MARCH..... Entire Month
National Nutrition Month

For Information: Contact your local American Dietetic Association National Office at:
American Dietetic Association National Office
430 North Michigan Ave.
Chicago, IL 60611

Month: MARCH..... Second Week
Save Your Vision Week

For Information:
American Optometric Association
700 Chippewa Street
St. Louis, MO 63119

Month: MARCH..... Third Week
National Poison Prevention Week

For Information:
National Planning Council for Poison Prevention Week
P.O. Box 1543
Washington, D.C. 20013

Month: MARCH..... Entire Month and
..... First Week in April
Easter Seal Campaign

For Information:
Public Relations Director

Table H-1
National Schedule of Health Promotion Activities—Continued

National Easter Seal Society
2023 W. Ogden Avenue
Chicago, IL 60612

Month: APRIL..... Entire Month
Cancer Control Month

For Information: Contact your local unit of the American Cancer Society.

Month: MAY..... Entire Month
Mental Health Month

For Information:
Contact the Communications Department
National Association for Mental Health
1800 H. Kent Street
Arlington, VA 22209

Month: MAY..... Entire Month
National Arthritis Month

For Information:
The Arthritis Foundation
475 Riverside Drive
New York, NY 10027

Month: MAY..... Entire Month
National High Blood Pressure Month

For Information:
Contact the High Blood Pressure information Center
120/80 National Institutes of Health
Bethesda, MD 20014

Month: MAY..... Second Week
Foot Health Week

For Information:
American Podiatry Association
20 Chevy Chase Circle, NW
Washington, DC 20015

Month: OCTOBER..... Entire Month
Immunization Action Month

For Information:
Contact the Center for Disease Control
Immunization Division B.S.S.
Washington, DC 20015

Month: OCTOBER..... First Monday
Child Health Day

For Information:
American Academy of Pediatrics
P.O. Box 1034

Evanston, IL 60204

Table H-1
National Schedule of Health Promotion Activities—Continued

Month: OCTOBER..... Third Week
Drug Abuse Prevention Week

For Information:
National Institute on Drug Abuse Clearinghouse
11300 Rockville Pike
Rockville, MD 20852

Month: NOVEMBER-DECEMBER..... Entire Month
National Diabetes Month

For Information: Contact your local Diabetes Association affiliate or the:
American Diabetes Association
600 Fifth Avenue
New York, NY 10020

Appendix I

Evaluation of Fit to Win Marketing Program

Evaluation may focus on any of three levels — process, impact, and outcome. In any case, objectives are measurable and obtainable within specific time periods. As collection of data is resource intensive, alternative methods may be used such as: periodic reports resulting from the automated health risk appraisal; population surveys; structured interviews; meetings; or reports generated for command information.

This annex relates to overall Fit to Win program evaluation measures. Evaluation guidelines designed to measure changes specific to particular health behaviors, knowledge, and attitudes are addressed in individual modules.

I-1. Process Evaluation

In process evaluation, the standard of acceptability is established thru the development of program objectives. Examples of this which relate to overall program evaluation are:

- Existence of planned program elements
- Completion of number of command briefings established as criteria for program implementation.
- Total number of participants
- Number of spouses participating
- Number of participants receiving the Fit To Win Handbook
- Number of participants attending screening
- Number of participants attending health risk review sessions
- Number of participants attending each of various intervention classes
- Number of participants completing intervention classes
- Number of participants completing intervention classes
- Number of participants involved in maintenance phase of program
- Changes in weekly/long term participation levels

I-2. Impact Evaluation

Impact evaluation is concerned with the immediate impact of the Fit to Win program or method of practice on behavior, adherence, health, fitness, knowledge, and attitudes. Examples of impact evaluation related to overall program effectiveness include:

- Level of program awareness achieved
- Level of health and fitness concepts
- Improved morale
- Improved self-confidence
- Positive attitude toward health/fitness
- Decrease in child/spouse abuse
- Decrease in automobile/motorcycle accidents
- Decrease in alcohol/drug related problems

I-3. Outcome Evaluation

In outcome evaluation the objective of interest usually includes long range effects of program implementation such as mortality, morbidity, and readiness measures. Examples of outcome evaluation include:

- Improvement in individual health
- Reduction in coronary risks
- Reduction in cost/benefit factors
- Improvement in the readiness profile of the Army

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